

Hamilton-Wenham Community Access And Media, Inc.

## **Producers Agreement and**

## **Indemnification Form**

	Organization (if applicable):		
Street Address:		Apartment or Suite #:	
Town:	State:	Zip Code:	
Home Phone:	Work Phone:	E-mail:	
I have read understand the Dali	siss and and arms to shide but he De	lision and Dragoduran of Hamilton Wanham Co.	
nunity Access And Media, Inc.	cies and and agree to abide by the Po	olicies and Procedures of Hamilton-Wenham Co	m-
2. I am thoroughly familiar with the content	nature of the program material and l	take full responsibility for its	
	of Hamilton-Wenham Community Acc produce. Presentation of the followin	cess And Media, Inc., I am fully responsible for ${f g}$ is PROHIBITED:	the
Any commercial advertising or proprograms, which fail to meet minin Lotteries / Contests Illegal Material Licensed Material	gramming num technical standards for cablecast.		
Unauthorized Fundraising Obscene / Indecent Content			
	learances and permissions from any r cablecast/webcast material on the a	and all organizations, individuals, and groups a access cable	IS
i. I understand that I am fully resp	onsible for the production of my prog	gram.	
. I acknowledge that the station's	staff will not be available as crew-me	embers.	
ind employees (and their success	ors) from any liability, loss, claim, co	by Access And Media, Inc., its Board of Directors st, or damage of any nature whatsoever which recast or disseminated by me infringes or violate	may
s. I agree that I shall not represent gent of Hamilton-Wenham Comm		in programming as an employee, representative	e, or
ble wear and tear through normal		materials resulting from damage beyond reaso ipment or materials are in my possession or co not returned on time.	
0. I shall not use Hamilton-Wenha Il or financial gain and or other co		c. channels, equipment, or facilities for any pers	on-
		sleading statements made in this application, is ocess And Media, Inc. equipment, facilities or ch	
Signature:	Print Name:8, a parent or legal guardian must sign	Date:	_
		below.) my consent to the foregoing on behalf of him or he	
Signature of parent/guardian:	Print Na	me: Date:	

Date: \_\_\_\_\_

Approved by: